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MEDICINE, SURGERY AND THE COLLATERAL SCIENCES

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MAY, 1894.

No. 5



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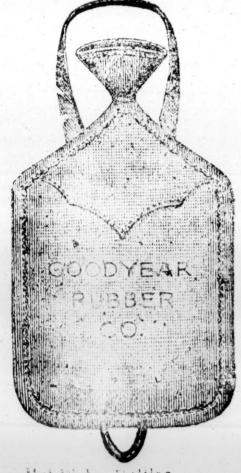
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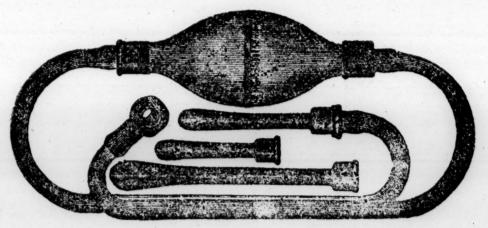
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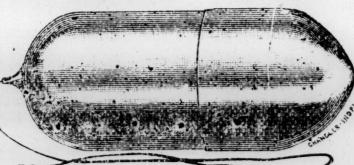
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*CALIFORNIA*MEDICAL* JOURNAL.*

VOL. XV. }

SAN FRANCISCO, CAL., MAY, 1894.

No. 5.

Original Communications,

Simple Chronic Rhinitis.

By F. Cornwall, M. D., San Francisco.

A chapter from a forthcoming work on 'Diseases of the Nose and Throat."

Etiology.—The predisposing causes in very many cases are vaso-motor disturbances, and these are most active the first few years after puberty. This is so striking as to impress one that there may be a direct physiological connection between the sexual reproductive system and the corpora cavernosa of the turbinateds. In fact authors of high standing have written on this subject claiming this to be the case. Neurasthenics are most liable to vaso-motor weakness, and consequently are most liable to intumescence of the turbinateds. This mucous membrane, owing to its submucous layer being distinctly vascular and under the control of the sympathetic, is differently influenced from other mucous membranes. This subject is fully discussed under the head of Anatomy and Physiology of the nasal mucous membrane.

The exciting causes are such as produce other chronic inflammatory affections of mucous membranes. The most common of these are acute inflammatory attacks. When from great exposure to the causes which give colds, or from constitutional delicacies, or cachexiæ, which render an individual very susceptible to them, these acute inflammatory

attacks become very frequent; resolution is not effected in one case until another attack comes on, and thus there soon established chronic congestions and organic becomes changes in the parts. In other cases this affection finds its cause in the character of the atmosphere to be respired, and develops gradually without the aid of repeated acute attacks. Certain occupations wherein there is a great amount of dust, such as those of carpenters, cigar makers etc., etc., are provocative of this disease. Traveling on railroad trains or any other mode of travel in the dry season in the Great West of this country may be mentioned in this category. In the arid plains of the Rocky Mts. and Pacific Coast, catarrh is very prevalent, and in individuals who are otherwise robust and not subject to inflammatory affections of other parts. In San Francisco and the North Coast country, chronic rhinitis has its origin in two conditions, (a) the prevalence of strong winds laden with dust, and (b) the chilliness of the fog-laden trade winds and the rapid divrnal changes.

In the interior there is not so much wind, but alkali is commonly added to the dust which the long dry summer renders excessive. The secretions of the nose are commingled with the dust and rapidly dried into crusts, and these act as irritants, keeping up continual congestions. In the Eastern States where the weather is very cold, confinement to the house whose atmosphere is rendered dusty and dry will bring about the same results, and those who are exposed to the elements without taking exercise to regulate the circulation of the blood, as from much buggy riding, will likely contract chronic congestions of the turbinateds.

Pathology.—Were I to take the liberty to name this affection I should call it chronic congestive rhinitis, inasmuch as congestion of the venous caverns of the turbinateds is its chief characteristic. From continuous blood pressure kept up by any cause, the walls of these caverns

become weakened and lose their elasticity or closing power, and the mucous membrane being thus over stimulated by the extra heat of an over amount of blood, secretes too freely. Blood elements which contain an excess of white corpuscles escape through filtration into the connective tissue and form indurations of the mucous membrane. These, with some metamorphosed pus cells break through the epithelium and with it form the morbid secretions. A noticeable characteristic is the influence of gravity on the turbinate corpora cavernosa—that the most dependent part will be greatly distended, but the position being changed so that this part be uppermost, the blood will rapidly leave to the other (and now dependent) side of the turbinateds. This is owing to the loss of contractile power of the cavern walls.

Symptoms.—From whatever cause, the condition of the nose will be much the same. There is an increased secretion from the parts of a more or less tenacious translucent mucus, the turbinateds are swollen and abnormally red, and their surface in most cases lacks its normal velvety The natural curves of these parts are obappearance. literated by the swelling, and their surfaces are doughy or non-resistant upon pressure. Beginners should be careful when rendering a diagnosis regarding the swelling and redness, as the degree of either of these characteristics that constitutes health or disease is not well known to them. It requires many years of acute observation to determine this readily. It is a common thing for the student to remark regarding the redness of the nasal mucous membrane when the parts are of perfectly normal color. The congestion of the turbinateds is very variable; sometimes the nasal fossæ will have their normal patency, but upon some slight influence which congests the head the narrowness will quickly return. Emotional disturbances will frequently be the cause, and at other times thermal conditions. It may be remarked that these aggravating symptoms more likely occur indoors than out, and while inactive rather than while taking exercise. The cases that have had their cause in repeated colds—many of them seem to have a cold all the time. In these instances, there frequently is hyperæsthesia of the sensitive nerves of the nasal fossæ, and many of the symptoms of hay fever will be present, as reflex lachrymation, sneezing and watery secretion from the nostrils, etc.. There may be more or less pain in the region of the sinuses, particularly the frontal.

I have seen violent neuralgia over the branches from the supra and infra-orbital nerves from congestion of the turbinateds diagnosed by relief from the application of cocaine. The pain in the nose was thought to be an effect by the attending physician when as a fact pressure on the nerves of this part by the extreme congestion was the cause. The Eustachian tubes not infrequently become involved inducing aural symptoms, such as feelings as though the ears were closed and slight dullness of hearing.

Prognosis.—The results of a rhinitis of this kind are to produce hypertrophic changes in the turbinateds, polypi, aural, pharyngeal and laryngeal disease. Changes of mode of living or environment, climatic or otherwise, may mitigate or arrest the disease if not too far advanced, but recurrence is quite likely when there is exposure to the old condition, which acted as a cause. Properly treated there may be a radical cure in the majority of cases.

Prophylactic Treatment.—As has been previously remarked in my chapter on therapeutics the advances in the treatment of nasal affections have been very great, owing to the better understanding of their ætiology and pathology, hence it becomes of first importance that the cause and condition of each case be understood. If the case be one of habitual colds the cause of this should be ascertained. In some, it may come greatly from inhalation of dust and from bad ventilation of shop or store. Carpenters and other workmen are required by spells to work till there is free perspiration, and where the character of the work is changed

till there is opportunity to cool off rapidly, and this in shops where there are drafts of air constantly from one direction. Firemen often suffer in cold countries, as they are exposed one moment to an intense heat and in another to a temperature below zero. Clerks in stores are frequently stationed where there are more or less constant drafts. I might enumerate hundreds of instances wherein any one might receive his colds.

There are neuroses which come under the head of neurasthenia, which play an important part in the predisposition to congestion of the "turbinate corpora cavernosa." Many boys and girls, about, and for a few years after, their puberty, a tendency to congestions about and face. During these years there are, many cases, through some disturbance in the vaso-motors, that have to do with the blood supply to the turbinateds that are left congested much of the time. These cases are aggravated by a lack of proper exercise. There are others who have inherited a nervous system which is characterized by hyperæsthesia, inducing such affections as asthma, hay fever etc., etc.. Before beginning the treatment of any case of this kind these things should all be thought of and, if practicable, eliminated from it. The change of occupation is not always convenient but alterations may be made which will at least favor the individual. The proprietor of a store or shop might be induced to introduce a better system of ventilation, and the clothing of the individual could be better arranged to counteract the thermal conditions. Sedentary persons should be induced to take more out-of-door exercise and those of poor capillary circulation be encouraged to give their surface proper daily attention by the brush and hand. Wrong systems of bathing should be broken up, the hot bath being particularly forbidden, and everything which would tend to produce heartiness and robustness should be encouraged. Habitual exposure to cold and wet should be thought of in those who live in the country



Some people are very careless and need sensible advice regarding their habits, which may avert half of the harm.

Neurasthenics may need advice concerning their habits with regard to exercise, sleep and eating, they being very susceptible to wrong habits in any of these. These people are products of our later civilization, and also of our American climate, and must be studied carefully. They bear poorly the strain of business or rather suspense or the taxation of prolonged schooling. Slight mental efforts or excitements tend to excess of blood in the head with cold feet and hands, hence all such efforts should be combined with sufficient physical exercise to counteract these conditions. For them, dancing is better than cards.

Having thought of everything in connection with your patient that could have to do with the cause, we next turn attention to the condition of the part. In some, the discharge is the most prominent characteristic, and in these cases the congestion being slight, attention may mainly be directed to it. In another case the congestion will be most prominent, and hence, looking through this to the cause, the vaso-motor system should receive our attention. In still another the hyperæsthesia playing the important part, the condition of the nervous system should receive attention.

Medical Treatment.—For persons who take cold easily it will be found frequently that it depends on a debilitated condition of the system, for which it may be necessary to administer tonics. A preparation will often be found applicable like this:—

R						
Quiniæ sulph.	-		-		-	388
Strychniæ sulph.		-		-	grs.	ss-i
Acid. phosphoric.	dil.		-		-	Zii
Elixir simplicis. ac	1.	-		-		Ziv

M. Sig. Teaspoonful 3 times a day in half glass of water after meals.

This formula may be modified to suit age or condition.

It is disastrous to any physician to get the habit of copying formulæ out of books, but they are useful, suggesting dosage and compatibility of drugs, etc.. In some cases it would suit better to drop out the strychnia and substitute chloride of iron; and in another, the quinine may be left out, depending upon the strychnine and phosphoric acid. Scudder's triple phosphite of quinia, strychnia and iron is an elegant preparation and answers a fine purpose here. The comp. syr. hypophosphites answers also a good purpose.

The local treatment will be such as to overcome the congestion. In this case there will be found not only congestion of the "turbinate corpora cavernosa," but also inflammation of the mucous membrane proper. The mucous membrane of the septum is very vascular, and this will be found greatly engorged and the epithelium of the whole fossæ disturbed, as in ordinary catarrhal inflammations of a mucous membrane. The congestion can best be relieved by cocaine and atomization of fluids from a Richardson apparatus which anæsthetize and refrigerate. The patient should, if it be an aggravated case, visit for a few days twice a day at your office, or if living at a distance should be furnished with an apparatus of his own. A ten per cent. solution of cocaine may first be sprayed into the nose—a very small amount. After waiting five minutes for the congestion to pass away-which the cocaine will accomplish temporarily-begin spraying the nostrils with a solution such as I have advised. The preparation I employ is my cleansing solution, the formula of which will be found in my chapter on therapeutics. Diluted solutions of Listerine do The menthol and alcohol are the active ingredients in these preparations and their virtues come from their refrigerating effect when applied for a long time with a very finely atomizing apparatus. This may be done very well with the force generated by the rubber bulb, but an air pressure of twenty pounds will be much better. With little periods of rest this atomizing should be kept up for fifteen

minutes or more and if there be no pharyngeal complication can all be done through the anterior nares. A couple of weeks of daily treatments such as these with the appropriate prophylactic and constitutional treatment will give relief of all the distressing symptoms, and then if employed occasionally as seems needed, will establish a cure, unless there are hypertrophies or some other complication, in which case these must receive their appropriate treatment. In case there are relapses and the treatment does not produce permanent relief, resort will have to be had to a galvanocautery, the use of which will hereafter be described.

The treatment of chronic congestion of the turbinateds, which is induced by a neurosis is, a priori, somewhat different from electricity. The prophylactic treatment will be of most importance. In some cases Faradism will be indicated.

The local treatment of chronic congestion of the turbinated, the result of a neurosis, will naturally differ, somewhat, from that coming from delicacies which induce colds and from those cases caused from inhalatation of dust etc. It must be conceded however, that these cases are frequently mixed with one another, and in that case need all the treatment used in either. Cocaine in this case can do no permanent good, and if left to the patient is likely to form a nabit because of the temporary relief it affords. The stimulant effect of galvano-cautery is the most salutary of any other, but even this is only temporary. It is best to use this agent to destroy the extent of the venous caverns which form a lodgement for this accumulation of blood. This may be accomplished with chromic or nitric acid in the absence of a cautery battery. Destroy as little of the surface of the mucous membrane as practicable but carry the cautery to the bone, thus some of the cavernous tissue will be destroyed and a cicatrix formed which will forever avert this part becoming distended again. The fault of chromic or nitric acid is that they destroy much of the surface and by comparison, little of the deeper part, while the galvanocautery can be managed so that the minimum of effect shall be on the surface. I believe ample directions for this agent has been given in my chapter on therapeutics. Authors recommend in their works for the use of general practioners, the use of these destructive acids almost too freely it would appear from my experience. It is difficult to limit their action, and in one case which came under my observation by a brother practitioner, when applied to the septum narium for an enchondroma it ate through the septum leaving a perforation. It is not infrequent that wounds induced by this caustic are tedious in healing as compared with galvano-cautery. When it is used it should be with caution, fusing it on a probe and limiting its action as much as possible by packing the meatus with cotton. As regards the effect of nasal bougies, constructed of iodine, tannin etc. I have never seen any good from their use and I warrant Dr. Sajous does not use the treatment he recommends in that way in his excellent work on this subject.

The local treatment of the hyperæsthesia of the nasal mucous membrane should be treated by galvanism and sedative cooling sprays. In these, the flat blade of the galvano-cautery electrode may be applied at white heat, but removed instantaneously else hemorrhage will be induced. In this way most cases may be cured, although some are very stubborn when the "hay fever" element is very strongly marked. Nitric acid may be used for a similar purpose applied with a wooden spatula which has been immersed in this chemical, and the free acid evaporated.

It will be noticed that I have not recommended astringent solutions in this disease. The reason for this is that I have found them worthless in almost all cases and harmful in many others.

Neuralgia in its Relation to Syphilis.

By D. Eichler, Physician to St. Joseph's Hospital, San Francisco.

Correct ideas regarding the Etiology and Pathology of Disease always lead to proper and successful treatment, where such is possible. There is no topic in the whole domain of medicine which can be of as much importance to the physician as that of the cause—be it direct or indirect of disease. The Etiology of Neuralgia is a chapter more or less fully considered in works on the Practice of Medicine. While the effect of constitutional diseases such as Diabetes Gout, Rheumatism, Malaria Mellitus, and Intermittent Fever is well recognized in affections of the nervous system, Syphilis is usually given only a slight mention as a factor in the Etiology of Neuralgia. This may be caused by the fact that the diagnosis, Syphilitic Neuralgia, is but rarely made, and that this diagnosis, above all others, is made ex juvantibus, or in other words, by the action of certain remedies. As a matter of fact, among the diseases of the nervous system caused by Syphilis, it is one of the least importance and frequency, as it is generally estimated that diseases of the brain and spinal cord outnumber those of the peripheral nervous system at least tenfold.

How can the diagnosis of Syphilitic Neuralgia be established? How can we ascertain that Syphilis has a causal relation to the Neuralgia from which a certain patient suffers? To ascertain this, it will be necessary to first look over the entire subject of the Etiology of Neuralgia. We know that Neuralgia may be a secondary affection, that is, not depending on the nerve itself but having a cause elsewhere, as for instance, in the brain or the spinal cord, or in the pressure of tumors on the course of the nerve, in a periostitis of a neighboring bone, or other inflammatory or degenerative processes within the vicinity. Such a neuralgia is mechanical in cause, just as much as the pain caused by a trauma

is caused by mechanical means. In other cases we have reflex neuralgia in different parts of the body depending upon disturbances of distant organs, as those of the sexual or the digestive apparatus; a stone within the kidney may, by reflex effect, cause pain in the testicles. In causing Neuralgia, Rheumatism and Gout are indirect factors, induced by a cold or a chill. So likewise, constitutional diseases, as Malaria, Syphilis, Chlorosis, Diabetes Mellitis, are equally important, and nervous diseases like Neurasthenia Hysteria and Chorea, as well as toxic agents like Alcohol and Tobacco, should be duly considered.

To establish a diagnosis of the form of Neuralgia in question, it would be necessary to exclude all the factors except Syphilis. Suppose one divides the causal agents into three groups. 1st., mechanical action, distant or proximate; 2d., the reflex causes; 3d., toxæmias or constitutional diseases. This division will enable us to arrive at a differential diagnosis more readily. It will be comparatively easy to eliminate one or two groups and thus we will reduce greatly the number of causal agents. Of course there is stil occasion for blunders, for there are exceptions to every rule.

When both mechanical and reflex causes are eliminated, we have only to do with the 3d. class, the toxemias and constitutional diseases. Then the age, habit, mode of life, general appearance and business of the patient will give us often a clue to the cause of the disease. In a young girl it would probably be Chlorosis, although it might be Malarial or Rheumatism; in a farmer living in a damp locality, or in a person living in a poorly sewered tenement house or district it would probably be Malaria; but there are other symptoms and signs to be noted by the physician.

Take for instance a malarial Neuralgia; such a neuralgia is usually intermittent (which, however, most neuralgias are) and may occur at any time, either during the day or at night. The attack is frequently accom-

panied by fever, mostly a slight raise of temperature, with or without a previous chill. The fact of the intermission alone may direct the physician's attention to Malaria. Other signs may be present, for instance, the spleen may be enlarged, there may be marked torpor of the liver, and that well-known, peculiar lassitude; as the last but not least important point, successful treatment by any of the anti-malarial drugs, such as quinine, arsenic, or methylene-blue will insure relief and prove the correctness of the diagnosis. Other constitutional states may be analyzed in the same way.

It is different, however, with Syphilis. In the first place, syphilitic neuralgias are not apt to appear in the initial stages, but in the late periods of the disease. To secure admission of Syphilis at this time, may be quite easy, from some people; from others it will not be so readily secured, and in the case of still others it may not be needed at all, as other *prima facie* evidence can be obtained. What points have we then to secure a correct diagnosis?

In the first place, the fact that the patient has very likely tried many other methods for the cure of the trouble, unsuccessfully, will make us suspicious. If we should not be able to secure an admission of syphilitic infection, we might perhaps hear, that the patient at some time had some obscure skin trouble; that he lost his hair, that he lost in flesh; we might find enlarged glands, especially in the back of the neck—the posterior cervical glands; we might see scars on the body, or we might feel nodules on the exposed bones, indicating an old periostitis. Regarding the neuralgia itself, it will partake of the character of the sphyilitic pains, the so-called osteic pains; it will be more severe at night than in the day time. Another point is that syphilitic neuralgia is usually double; i. e., it occurs on both sides of the body, while other neuralgias are usually unilateral; then there will be no signs of degeneration, the muscles supplied by the affected nerve will react under electrical stimulus. Finally the very fact of not being able to find another cause for the ailment should direct one's attention to Syphilis.

The main points would be then, given a severe neuralgia, in the absence of a syphilitic history, even lacking the usual symptoms of latent Syphilis, the following:—1st, Increase of pain at night; 2d, Bilateral neuralgia; 3d, Absence of signs of degeneration. This would be sufficient to establish a diagnosis of syphilitic neuralgia, and warrant the administration of anti-syphilitic remedies. The diagnosis would be verified by the ultimate success.

Other cases present themselves however, where a syphilitic history is clear; there is no doubt about the primary infection. A neuralgia sets in during the secondary stage. It would be almost natural, considering that the syphilitic virus may irritate the peripheral nervous structures, to increase the doses used in the treatment.

Many of these cases have nothing at all to do with Syphilis even though the patient have that disease. They are simply the common neuralgia cases, perhaps caused by some mechanical irritant. Here, other than anti-syphilitic treatment would be indicated. The connection of alcohol and tobacco should be especially inquired into.

Catarrhal Affections of the Uterus.

(CHRONIC ENDOMETRITIS)

* By B. Stetson, M. D., Oakland, Cal.

This is quite a common disease among the women of this coast, especially in the vicinity of San Francisco bay, and is no doubt owing to our changeable climate.

The mucous membrane lining the uterus, although quite well protected from atmospheric influence becomes, neverthe-

^{*}Read before the Alameda County Eclectic Medical Associatian, Jany. 23rd. 1894.

less, affected sufficiently to result in this disease. This quite often occurs from exposure during menstruation. Do not let it be understood that atmospheric change is the only cause of catarrhal affections of the uterus. The causes of this disease are numerous. Therefore I will endeavor to bring to your notice only those most commonly met with. An irritating acid vaginal douche—usually for the prevention of conception, is quite a common cause. It may occur also, from injury as the result of the introduction of the uterine sound or any other instrumental interference which might Abortions are very apt to cause this cause inflammation. disease, if nothing more serious happens. Laceration of the cervix if not promptly attended to by repair, will almost invariably result in this disease. Uterine displacements are not uncommon causes of this affection and should receive attention during treatment.

Prominent among the symptoms is the discharge, although it may be so scanty that the patient is not aware of its existence. Pain or weakness in the sacral region is almost always present. Headache is quite a common sympathetic symptom, occuring especially at the top of the head. Derangement of the digestive organs is also quite common. I have seen cases where the stomach seemed to be the seat of all the trouble, and where other physicians had failed, because they had not recognized this as a sympathetic symptom of a pelvic wrong. Tenderness or pain in the region of one or both ovaries is often felt. Palpitation of the heart is not uncommon. Nervousness and insomnia are more or less manifest. Sterility is almost universally a feature.

The diagnosis of this disease is made by a vaginal examination, which reveals a mucous or muco-purulent discharge, oozing from the os uteri which is more or less open. The cervix is somewhat swollen and to the touch has a puffy appearance. We may find the lips red and everted or even ulcerated. The sound, f only the cervix be affected, meets

with difficulty in passing the internal os, but if the body is affected it passes readily and on coming in contact with the diseased membrane of the body causes considerable pain, and generally a little blood will be seen. Care should be taken not to pass the sound beyond the internal os unless we are well assured that the disease already exists in the body, otherwise we might be the cause of its infection.

The prognosis in this disease, which was so guarded a few years ago, I believe, we can now consider quite favorable. In those cases where only the cervix is affected we will have but little difficulty in producing a speedy cure, when however, the body is diseased, the treatment will be much interfered with on account of the difficulty in treating the endometrium. However, even in this class of cases we may expect favorable results under the following course of treatment.

In commencing the treatment of this disease, it is of importance that we direct our patient in the mode of living and care of the general health. I quote from "Clark's Diseases of Women." "The avoidance of fatiguing and exhausting employment, of sexual excesses, the observance of correct habits in bathing, sleeping and out-of-door exercise, a nutritious and not over stimulating diet are of the first importance."

The remedies that are specifically indicated should then receive our attention and also those that will mitigate the most prominent sympathetic symptoms and render our patient as comfortable as possible. Those remedies that especially influence the organs of generation, Viburnum Prun., Lilium Tigra, Pulsatilla and Æsculus Hippo have in my hands been of great benefit in assisting local treatment.

The hot vaginal douche will have an important place in the treatment of this disease—the patient using at least four quarts of water at a temperature of 110° to 120°F., once or twice daily; the patient assuming the recumbent position while using douche.

Before making applications to the diseased surface, it is of importance to first cleanse the parts thoroughly of all secretion. This is readily accomplished by the use of Peroxide of Hydrogen and wiping with cotton. In those cases in which the disease is confined to the cervix, a lotion consisting of Elaterium parts j., glycerine parts jx. may be used. Mix and apply to the affected surface. Follow by a vaginal tampon of cotton moistened with the above lotion, to be kept in place until the following day. Two treatments per week will generally be sufficient.

When there is ulceration or erosion, the use of a solution of Nitrate of Silver, grs. xx to x1, to Aqua. Dist. 3j. Apply with brush, or with cotton wrapped upon applicator. Salicylic acid, Howe's Escharotic and others may be used with benefit. If the diseased tissue has become softened to any great extent, then its removal with the curette will be of advantage in preparing the way for the above treatment.

In cases where there is much enlargement of the cervix, the use of the galvanic current will be of benefit. This is used by passing the uterine electrode into the cervical canal, attached to the negative pole, while the large electrode is placed over the abdomen or sacrum; treatment lasting ten minutes at a time. Twice a week is generally sufficient, and we may expect satisfactory results in connection with our other treatment;

In the corporeal or general form of this disease, our treatment will be the same as in the cervical form, but with some additional features. First secure good drainage by dilating the cervix; this may be accomplished by galvanism, using the graduated uterine electrodes. Treat the patient every day until the required amount of dilation is secured. Tents made of various material may be used to accomplish the same purpose. Forcible dilation is also of use in some cases, especially where an anaesthetic is given.

After we have obtained sufficient dilatation we can proceed with our treatment which is to clean the cavity as

well as possible of all secretion and softened membrane if such be found. Then coat the surface with such a lotion as may be thought most adaptable to the case. In those cases where there is much bleeding the use of Comp. Tr. Iodine will be our remedy until this has been overcome. Where there is membrane or a tendency to fungus growths the solution of Nitrate of Silver as above mentioned is most effectual. In some recent cases where but little change has taken place in the mucus membrane, we may apply some mild tonic astringent as Lloyd's Colorless Hydrastis, Boro-Glycerine etc.

There are cases, however, that will not yield to the above treatment and do not seem to be benefited in the least by any ordinary means. These cases require more heroic treatment which will consist in thoroughly curetting and packing the cavity with Iodoform gauze. This may be done either with or without the use of an anæsthetic, as the patient may choose. I generally use first a sharp curette and aim to pass over the entire surface. Then attach to an irrigating blunt curette, a douche with a sufficient quantity of hot water by which all loosened and detached diseased tissue is easily removed. The hot water will soon control the hemorrhage, and thoroughly cleanse the cavity. Now take a strip of Iodoform gauze from 1/2 to 1 inch in width, press one end by means of an applicator to the fundus uteri, and then withdrawing the applicator an inch from its former position, form a fold of gauze which is carried to one of the cornua, and the next fold to the other, and so on until the entire uterine cavity is filled. Then placing a loose tampon of Iodoform gauze in the vagina we put the patient to bed for from three to five days. At the end of which period the dressing should be removed and the uterine cavity thoroughly irrigated with hot water and if any spots of tenderness remain they should be curetted and if thought advisable the tamponing may be repeated as before.

It is seldom necessary to repeat this treatment if care be

taken at the first operation. It is sometimes found necessary to treat the parts locally a few times which will speedily finish the cure. I have treated a good many cases this way with perfect satisfaction to the patients and to myself.

What are Microbes?

By Dr. H. E. Pastor, San Francisco.

Dr. E. L. Trouessart, an eminent French physician, has recently said: "What auscultation was to the physicians of the first third of this century, what the cell theory was twenty-five years later to the succeeding generation, the microbian doctrine is to the practitioners of to-day."

If it be true that the microbic theory of disease, as established by the researches of Lister, Pasteur, Koch and lesser known investigators, has so revolutionized conceptions of pathology as to render obsolete old methods of diagnosis and old systems of treatment, it behooves us to cultivate a more intimate acquaintance with our microbian neighbors. If microbes have come to stay-and it seems certain that they have-it is just as well to learn something of their motives, habits and habitats, as well as their form, shape and approximate size and numbers; for all microbes are not evil-minded and obnoxious in their habits, and, although they are insignificant in size, in numbers they are a powerful host. Indeed, it has been estimated by some genius who has a faculty for figuring that microbes are so minute that 40,000,000,000 of some varieties weigh less than a grain, and some other mathematical adept has presented the matter in another way by calculating that in size a microbe compares with a man as a grain of sand with Mount Blanc.

What are microbes, anyway? The popular conception of

these micro-organisms seems to be that they are some sort of evil-designing infusoria or animalculæ, lurking in dark corners and hidden crevices, or, taking a mean advantage of their microscopical minuteness, coming forth in broad day light and winging their invisible flight hither and thither, seeking a victim whom they may pounce upon and destroy. It is true that the microbe is pretty nearly ubiquitous in the latitudes of the United States at low and medium altitudes; but there are places high enough and dry enough and sufficiently isolated from sources of organic infection to be comparatively or entirely free from the presence of these insidious enemies. (A French investigator has discovered that their number in the atmosphere varies with the different hours of the day, being most abundant about 11 o'clock at night, and least abundant This may lend a scientific significance to the otherwise meaningless expression—"the bad night air.") Of course, the students of the California Medical College entertain no ridiculous misconceptions on this most important branch of medical science, having had lucidly set forth to them from the chairs of surgery, diagnosis and obstetrics the result of the latest investigations in this line of The few following fragmentary scraps of information relative to this subject are brought forward for the edification of those readers of the Journal who have not enjoyed these advantages—if any such there be.

Microbes, then, are minute vegetable organisms, consisting of a single cell. The cell may be spherical, cylindrical, or oblong in shape, big or little, long or short, or there may be a filamentous (or other) aggregation of such cells. The scientific name of this group of organisms is schizomycetes, and they belong to the lowest and simplest (one-cell) type of vegetation—the protophytic fungi. The terms "schizomycetes" (schizo to "cleave," and mukes "fungus") implies a fungous growth reproducing itself by fissiparous generation—or cleavage. Now, schizomycetes

differ from ordinary green plants in their inability to form carbon compounds by the decomposition of carbonic acid, appropriating the carbon and releasing the oxygen. They are, hence, destitute of chlorophyll (the green coloring matter of ordinary plants). On the other hand, they do form nitrogenized compounds from ammonia, in common with other plants, which animals cannot do. While usually colorless, some forms of schizomycetes may and do secrete coloring matters other than green—as brown, blue, or red. This peculiarity of being generally colorless renders them exceedingly difficult of detection, especially if their refractive power correspond to that of the surrounding Their average size is 1-25,000 of an inch (1 medium. micromillimetre) in diameter, and their length is two to four times their diameter, though some are much larger and others much smaller than these figures indicate. are aquatic in their habits, but cannot live in pure water. They thrive best in ponds, ditches, bogs, in rivers and in the sea-indeed, wherever decomposing organic matter is present. Drains, cesspools and refuse heaps (moisture being present) afford a congenial habitat. Foods of all kinds containing organic matter, liquid and solid, exposed under favorable conditions of moisture and temperature, are quickly attacked by multitudes of these invisible enemies, with which the atmosphere is teeming. Certain species of schizomycetes manifest a preference for the organs of man and the lower animals as an abiding place, and the alimentary tract seems to be a veritable microbian paradise, judging from the vast throngs that domicile there. However, not only animals, but even plants are beset by them.

It has been pointed out above that these microbian cell growths are of different shapes. The morphological differences presented afford a basis of primary classification, giving five well-defined types, as follows:

1. The **Micrococcus** (mikros, "small"; and kokkos, "berry or grain," hence small berry).—The micrococcus is

a spherical, dark-colored cell, too minute to be exactly measured. It propagates by binary subdivision. The micrococci are found in many infectious and contagious diseases, viz: M. Vaccinæ of variola, M. Diphthereticus of diphtheria, and M. Septicus of puerperal fever and pyæmia.

- 2. Bacterium (Gr. bakterion, a little staff).—Bacteria are oblong or oval-shaped cells, sometimes occurring singly and at other times in pairs. The Bacterium termo, the microbe of ordinary putrefactive fermentation, and the Bacterium lineola, the special ferment that turns milk sour by changing its sugar into lactic acid, belong to this type.
- 3. Bacillus (Latin, bacillum, a little rod).—The bacillus is a cell elongated into a straight rod of considerable length. The bacillus cuts a wide swath in the microbian world, deriving its importance from the fact that it is responsible for a large class of very grave pathogenic conditions. The microbe of cholera (Comma bacillus); of consumption (Bacillus tuberculosis of Koch), said to be responsible for the death of one-seventh of the human race; of splenic fever (Bacillus anthracis); and the septicæmic bacillus are among the most conspicuous pathogenic varieties; while Bacillus subtilis found in stale boiled milk undergoing butyric fermentation, belongs to the fermentive variety.
- 4. The **Vibriones.**—These closely resemble the bacilli, but instead of being straight and rigid like bacilli, are flexible and slightly sinuous. They are sometimes classed with the group Spirilla, under the common name of Spirobacteria. They are non-pathogenic, being usually found in infusions of decomposing organic matter with other microbic forms.
- 5. Spirilla.—This class is distinguished for furnishing the largest known forms of schizomycetian life, their characteristic feature being their spiral shape and cork-screw-like movements. They are usually found in organic matters in an advanced stage of putrescence, and furnish but

one pathogenic variety, S. Obermeiri, themicrobe of recurrent or relapsing fever.

It is important to learn that schizomycetes, like other plants, can only carry on their functions of germination, growth, and propagation between certain maximum and minimum temperatures, the most favorable being about blood heat, or say from 95° to 99° F. Though possessing varying powers in this respect, microbic organisms can resist very high and very low temperatures. Generally speaking, they show greater susceptibility to great heat than to great cold. Subjection to a temperature of 140° for several hours, or boiling for ten or fifteen minutes, will destroy most varieties, while exposure to a low temperature of say 0° F. (or 32° below freezing point) may suspend their activity, but will not destroy them. Several boilings, with intervals of cooling, seem to be the most effective thermal germicide. For disinfectant, therapeutic, and surgical purposes the susceptibility of each class must be separately studied.

We have said that all micro-organisms are not inimical. Indeed, we could not get along without the active assistance rendered by some of these low forms of vegetable Besides of growth. attacking the remains dead organisms, breaking down complex bodies into simpler forms of matter suitable for recombination into other complex forms of living matter, the vital processes of the animal body would be seriously retarded without their help. Some microbes excrete what are known as "soluble ferments," which change starch into sugar, sugar into glucose, proteids into peptones, and so on. Some of these processes transform non-diffusible and non-assimilable foods into foods of a diffusible and assimilable kind. Others are concerned in malt, vinous, and alcohol fermentation, and still others are believed to be engaged in the reduction of silica and other refractory ingredients of the soil to a fit condition for agricultural and horticultural use.

The space at command will not permit an extended mention of the various lines of effort put forth to curb the vicious instincts and curtail the deadly work of the pathogenic microbe. Most of the readers of the Journal are familiar with the processes employed to obtain the excreta ("ptomaines") or lymph of the tubercular bacillus, the injection of which between the shoulder blades is supposed to destroy the bacillus itself, and so remove the tuberculous condition dependent on its presence; also with Pasteur's method of obtaining the attenuated virus of hydrophobia and anthrax, and its inoculation for the cure of those Something, however, may be advantageously diseases. said about germicidal remedies, and with the indulgence of the editor and readers a little space on that subject will be taken up in the next issue.

The Germicidal Properties of the Blood.

Dr. J. Ball, San Francisco.

It has been for a long time supposed that the white blood-corpuscles act as destroyers of disease-producing bacteria by enveloping and digesting them, and thus changing a deleterious into a harmless substance. Indeed, some observers claim to have actually seen a leucocyte inclose within its own substance a foreign body found in the blood, in a manner peculiar to that in which the jelly fish surrounds and digests its food. If leucocytes possess this germ-destroying power, and if (as the most recent investigations into the causes of disease would imply) disease is only the outward manifestation of the presence within the system of its (the disease's) specific bacteria, then all diseases would require the same treatment, viz., multiply and invigorate the leucocytes and they will destroy the disease at its fountain head.

Recent investigations by European chemists go to show that the germ-c estroying property of the blood is possessed by the blood plasma, and not by its leucocytes. It is purely a chemical germicide and acts just as a bichloride, or any other antiseptic solution acts—disease germs cannot live in it. But there is this difference between them; that while the bichloride or carbolic solution is a life destroyer the blood is also a life sustainer.

Disease indicates an impairment of the life-energies. A few degrees variation in the temperature of the body greatly impairs its well-being, and a slight variation from the normal in the blood may make a vast difference in its life-sustaining and germ destroying functions. All the tissues of the body are made up of cells—living cells, and the blood supplies them with the materials which they need to maintain their integrity and in performing their functions. As long as the proper standard as to quality is preserved in the blood the body remains in good health, but when this standard of quality is lowered or vitiated in any manner, then the door is opened for disease germs to enter and a seige of sickness may be the result.

Diathetic conditions may be accounted for in this way: From hereditary unhygienic or bad sanitary influences, either the blood-making or blood-purifying (i. e., the means by which the waste matters are removed from the blood) processes become impaired and the quality of the blood permanently changed. The germ-destroying power of the blood is then lowered and a certain class of disease-germs may find a suitable soil and nourishment in some part or organ of the body.

Immunity is also probably due to similar causes. Nature is constantly adapting herself to her environments. A disease—measles, for example—attacks a child. The disease-germs multiply and have things their own way for a time. But nature soon asserts her power, changes the standard quality of the blood plasma, and the disease is ban-

ished. This quality of blood is maintained and ever after the patient is proof against measles.

This would lead us to the conclusion that in the treatment of disease we should first find, if possible, the bacteria producing it, and then find the chemical agent which, when introduced into the system, will most effectually destroy them without affecting the essential life-sustaining properties of the blood.

Bacteria differ, as animals and plants do, in their methods and means of development and nourishment and therefore it may require a different chemical agent for each different class. But in this matter, as in many others, an ounce of prevention is worth a ton of cure. The public should be educated to employ physicians to keep them in health, and not wait till outraged nature forcibly rebels, and then call in the doctor to patch and tinker them up so as to keep out of the grave for a little longer period, most likely in a state of chronic invalidism. The blood is the life, and when in perfect condition it will destroy the pneumo-coccus, the comma bacillus and all pathogenic bacteria, for healthy blood serum is the best of all germicides.

What is Nerve Force?

Dr. C. W. Harvey, Smartsville, Cal.

All are agreed without exceptiong that it is the agent or force that has to do with the manifestations of animal life, whether it be physical, mental or psychical.

The majority of the physiologists seem to be divided beween the identification of nerve force with electricity and with motion, while another class holds that it is separate and distinct from either of these,—an agent sui generis.

In the light of these three theories let us examine some of the analagous phenomena in an impartial and unbiased

manner. We will first examine motion. What is it? It is the element, agent or principal directly opposed to rest or desinence. I can readily perceive how any one would confound motion with nerve force in one way; motion is everywhere about us visible and invisible; so is electricity. Light falls upon the retina. motion is imparted to the neurin, transerred to the brain and the sensation of light produced. A sound wave passes into the ear, vibrates the tympanum, the vibration moves on to the brain and the sensation of sound is produced.

Motion is also produced by touch, compression, extension, torsion etc., carried onward to the brain and recorded as feeling; so of the other two senses. This is all very well so long as we have only to do with the afferent or centripetal nerves, but how is it going to work when it comes to the efferent or centrifugal nerves?

Unquestionably the same force or agent that operates the afferent operates the efferent nerves also.

Is motion stored in the mind? Hardly, because the mind rests. 'Tis impossible for motion to rest, while force may rest, and still have power to produce motion.

Force may be stored in the mind but motion never. Motion is simply the effect produced upon matter, and is not the cause. The mind may receive an imprint produced by motion; the imprint may remain, but the motion that produced the imprint will pass on and be lost forever.

We are storing up nerve-force every day in the convolutions of our brains, in the form of memory of words, letters, colors, plants, animals, friends and a thousand and one things that sometimes lay inert for near a life time, and still it is nerve force, and ready at a moment's notice to produce motion.

Nerve force or energy may be either active or passive, latent or potent, and from the utmost inertia may suddenly give rise to motion. But inactive, unresisting, quiescent motion, is an impossibility.

Let us now look at some of the objections taken against electricity. This said that each one of a large bundle of parallel nerve-fibres carries on its own individual work, without disturbing or being disturbed by a neighboring fibre. In other words their is no sign of induction; neither is there in a submarine cable which is quite analagous in every way. Messages go and come at one and the same time in the same cable, Each nerve-fibre is insulated from its fellows by a meduallary layer and therefore capable of carrying on its own work in a perfect manner.

Another objection to electricity is that it runs too fast (288,000 miles per sec.) to ever come down to the slow rate of nerve-force (111 ft. per. sec.) A few simple experiments will show the fallacy of this objection.

Take for instance a test tube filled with nitric acid sp. gr. 1.38, place in this a small iron rod; if it be good iron it will soon become passive, and then you have in form at least, a nerve, with neurilemma, medullary matter and axis cylinder. Everything now being in readiness we will take a common iron wire that will be active in the acid and touch the axis cylinder. A distinct electrical pulsation will be experienced followed shortly by another and still others in succession. Now by simply changing the specific gravity of the acid these pulsations can be made to occur much slower than ordinary respiration, or quickened to the rate of one pulsation every one or two seconds, or more and more rapid until there is continuous action.

Light ordinarily travels at about half the speed of electricity, and yet light rays may be slowed down so as to be made plainly visible by passing them through a solution of sulphate of quinine, horse-chestnut bark, many compounds of uranium, a decoction of madder and alum, etc., etc. Tis plainly evident that things which ordinarily travel with great velocity may travel at a very slow rate of speed and still be perfect in their action.

Again, mechanical or chemical stimulus is just as potent

to arouse nerve action as electricity. Yes, and while it arouses nerve-action it just as certainly generates the same amount of electricity as there is force expended in the action, and long after nerves have ceased to respond to chemical or mechanical irritation electricity will excite them to action. There are other objections, but for brevity's sake I will not notice them now, but will consider the other side awhile.

There are few facts better established in physiology than that the nerves and muscles of living animals are the seat of electric currents, and even the fresh muscles of dead animals are the seat of moderate electric currents as shown by Mattencei's frog-battery. That nerves really convey electric force is shown by Bernard's experiment in which the crural nerve of a frog collects the electricity from the cut surface of a fresh muscle and conveys it in sufficient quantity to cause plain contraction in the leg, to which it is attached. Again, if a nerve be divided and a connection made between the two ends with an electrical conductor, a delicate galvanometer will readily demostrate the passage of electricity.

That nerves are the natural conductors of electric currents is shown by the fact that when a current does pass, there is no change in temperature, no alteration in chemical composition or physical conditions, while with a muscle it is entirely different, for upon the passage of an electric current the temperature rises, oxygen is consumed, carbonic acid evolved; there is a reaction from the alkaline to an acid condition and a musical sound is distinctly produced. A nerve may be entirely exhausted by the action of electricity and by reversing the current it will be restored again to perfect action, which is but another proof of its natural capacity as carrier and retainer of electricity.

We know from certain examples among the fish and eel species that electricity is both generated and stored in the animal organism, and that too, insufficient quanity to paralyze a

horse as seen in one variety of the South American eel. Here is proof at least, of the intimacy between nerve-force and electricity, since it is generated, stored, retained and discharged by nerves. Evidently in this instance at least, nerve-force is electricity. The theory—sui generis will be considered in another article.

Persecution -

The following letter from Dr. R. A. Hasbrouck of the Eclectic Health Journal of Salt Lake City, should be read by every Eclectic in the United States, and, in fact. by all citizens who recognize the fact, that "Eternal vigilance is the price of liberty."

Salt Lake, U. March 20th, 1894.

H. T. WEBSTER, M. D.,

OAKLAND, CAL.,

DEAR DOCTOR:—

I noticed your proposition in the March number of the California Medical Journal under the title, "A proposed Substitute," and think it is a move in the right direction. Our people here are in need of assistance, as the attempt to protect our members was undertaken when times were good, but the financial crash has crippled every one here, and, besides, the costs have been heavy and more than were counted on.

If the cause here in Utah were the only thing at stake, it might not be of enough importance to raise the cry of alarm; but there is much more at risk than a mere local trouble. This movement is now general, and whatever is lost here is a loss everywhere; a gain here is a gain all over the United States.

Our fight here has gained one point that we were after—the present law admits resident non-graduates to practice without being examined; but it compels all graduates coming here to pass an examination before an Allopathic Board. You

know full well that Eclectics, under the present law, will not come to Utah, for we all know the enemy too well. I believe a careful agitation and the circulation of printed matter would fix things so that our next legislature would amend this law, so as to do away with examinations of graduates. To accomplish this it will require money, though no great amount, yet more than can be raised by us while our hands are tied. Your plan suggested in the March Journal would furnish a fund, at little cost to the individual, that would enable an active campaign to be carried on through the United States, wherever there are laws similar to ours.

We must do something.

I received a letter from Prof. Wilder, in which, he commends your proposition, stating that the time is once again at hand when the work of destroying restrictive legislation must be recommenced.

It may be necessary that the Allopathist be a graduate of Yale to render him less harmless, but you know that a man, who has been taught Eclectic practice does not need a collegiate training to keep him from destroying life. His practice teaches him to save, not to kill. Of course a finished education is a boon to the scholar; but must the people be deluded into believing that Allopathists however well educated are entitled to the earth?

Thousands of earnest men and women are ready to study Eclecticism and practice it, because it cures disease and saves life; but they possess enough sagacity to see that the proclaiming the truth means persecution, and they do not wish to become martyrs—people who do are few and far between, for in our day the fight is one for dollars.

Those of us who can, should unite in working for the right of Eclectic graduates, so that our cause may spread. If we are unwilling to do this, let us quit inducing people to follow a banner that leads them to state lines as

a doctor, but if they step over they are—neither doctor, mechanic, clerk nor laborer.

I am willing and anxious to assist in a movement for liberty, and therefore thank you for the stand you take.

Respectfully, R. A. Hasbrouck.

New Treatment for Paralysis.

By Dr. F. S. Oliver, Ballard, Cal.

Will a few notes be accepted by the California Medical Journal?

I have for several years been collecting evidence regarding a remedy practically new, but which I believe must, in certain obscure diagnoses, prove very valuable. Some years ago I found a man who advertised his ability to cure most cases of paralysis, abnormal growths dependent upon atonic conditions of the system, etc., etc. These claims I investigated, and found that he claimed nothing more than he could perform in the majority of cases. I told him I was a medical student—and by the way much mail matter comes to me addressed F. S. Oliver, M. D., and once more I protest that though I took two years at the California Medical College, and have always studied medicine from the time I could read, still I am not entitled to the appendage "M. D."

When the doctor learned my occupation, he unbent, used medical lingo, and described his own case. It seems he had been a paralytic in all his limbs, and was moved about by attendants. One day he was placed in a chair under a tree, and as it happened, in a nest of the small, red ant, native to this coast. But he cared not when they bit him, for he was a totally sensory-paralytic, as well as of the motor system.

The insects chewed holes in his skin, and he watched

them do this and afterward noted that they injected a fluid in the bites, which brought the serum to the surface, and also caused a general flushing of the cuticle—a phenomenon which had not been apparent for years. The victim of all this said nothing to his attendant, except to explain that the ant-bites were doubtless a rash, or something of the sort, for toward the last of the time he was being bitten the sensation returned very slightly—that sensation so wholly lacking for years. Next day he had himself placed there again, and this time sensation became so keen that he called to be removed from torture. But all had gone and left the chronic paralytic to his own devices. No one replied ! The torture increased; he tried to wriggle away, in his agony, and was so far able—he who had had shrivelled limbs without any power of self-movement for 14 years that he fell out of his chair, and lay in a semi-stupor on the ground, There the ants bit and bit, and when the attendant finally appeared, the poor victim was alive with red ants burying themselves in his skin. For some weeks he was ill, but with convalescence, came also a general, though feeble power to move every limb, and as good a sense of feeling as anyone has!

These things were not lost on the 'doctor.' He had many thousands of the red ants collected, put in a bottle, alcohol poured on them, and when the tincture was complete according to his own notions, he had it incorporated with purified sweet-oil. Then he had a brush made of new pins, in place of bristles, and an attendant put some of the ant-oil on his back, and as gently as possible stuck it in with the pin brush. As he said to me:—

"I artificially bit myself with ants."

Such was one bit of history. He recovered completely, with but one partial relapse a year later, and this he cured in the same way. When I saw him, nine years after recovery, he was as nimble as any elderly man, and in the best of health. He had cured many other paralytics, he

said, and some chlorotic women. He had cured three cases of fungoid uterus, and some tumors on men. All this was interesting, and why I have not ere this written up this subject I do not know. But I theorized on it, and came to the conclusion that the whole business rested on, and peinted to, the use of formic acid in cases of anemia, paralysis, chlorosis and atonic tumors. How correct this hypothesis may be I know not; I have no literature on formic acid whatever, and only know that the acid is the poison of ants, just as apic acid is of the honey-bee. I write on the subject now, because yesterday I found a German who had some little education, and who was exhibiting a bottle of liniment which be claimed was a pain cure, a dropsy cure, a cure for paralysis and tumors. I asked him what it was, and he bluntly replied in succinct phrase:—

"Oleate tincture of Pisants" (!) More evidence.

I give what I thus know; is there no hint of value here?

"Back in the States."

DETROIT, MICH., April 13, 1894.

The city of Detroit is delightfully situated on a river bearing the same name, and which conveys the waters of Lake St. Clair into Lake Erie. It was an important post during the War of 1812, owing to the near approach of American and Canadian soil, and was the center of many stirring scenes not yet lost to history. Here the British forces and their Indian allies crossed and recrossed, to harass the Americans, and our militia and rangers occasionally carried the "war into Africa" by invading Canadian ground. Here many a bloody deed was accomplished by the savages, and these now peaceful shores then witnessed scenes of thrilling adventure, daring deed, hair-breadth escape, and sanguinary struggle.

The "City of the Strait," as Detroit is now styled by its citizens, is a thriving place of 250,000 inhabitants, and

is a manufacturing and commercial center of no little importance. It lies by the side of a gateway between the Great Lakes, and an almost endless line of craft of various descriptions passes up and down, while, during the heated season, vivacity is added to this scene by the many pleasure vessels contributed by yachting clubs, excursion trips and regular lines of steamers to the pleasure grounds of the picturesque islands above and below. Ferry-lines also add to this appearance of bustle and activity by regular trips to and fro between Walkerville and Windsor, of the Canadian shore, and this city.

I do not know that there is a single Eclectic physician within the boundaries of Detroit. If so, he is too modest and unassuming to be known to fame. Within the borders of a state—in fact, its largest city—containing many able advocates of the cause, it is strange that no ambitious young Michigander should have carved for himself a name on its records—or, at least in the records of our sectional history. But with Chicago on the one hand and Cincinnati on the other, both filled with good men and true, our cause has certainly been permitted to languish here. Homeopathy and Allopathy however, have been pretty well represented by medical journals and authors in this city.

I have improved my brief stay here by calling at, and looking over, the mammoth establishment of Parke, Davis & Co., a representative of the firm taking much pains to escort me through the institution and explain its methods. Here I saw many novel and instructive manipulations and processes in course of perfection, and left the grounds much impressed with the spirit of genius which has placed this high among the leading manufacturing drug firms in the world. This firm, though not pronouncedly Eclectic, has shown a disposition upon numerous occasions, to be friendly to Eclectics. When the National Eclectic Medical Association was held here, thirteen or fourteen years ago, the firm chartered a steamer for the use of the members, and ex-

tended other courtesies which must not be forgotten. True, they may have assisted in popularizing some of our old familiar Eclectic agents among the Allopaths, but that is missionary work, of which we ought not to complain, if we are given our fair meed of credit. That this has not been awarded is due probably, to the fact that Mr. G. S. Davis has permitted his publications to be controlled by editorial influences not at all friendly to us.

But this letter grows lengthy, and I will here write adieu.

H. T. W.

The Treatment and Cure of Chancre with Peroxide of Hydrogen.

The special pupose of this paper is to draw attention to a particular method of treatment, which not only relieves the anxiety of the patient and places him in a celightful buoyancy of mind, but cures the chancre in the shortest possible time, without pain or detention from business, and with less scar and less destruction of tissue than any other method.

The chancres of the following cases, selected from a good many recorded, were of the large Hunterian variety, embracing the worst forms of sloughing and phagedena.

Case 1.—Mr. K., aged 38 years, came to me, January 29, 1891, with a large sloughing single chancre, situated on the right side and at the base of the glans penis, at the junction of the prepuce and very deep; incubation about thirty days; penis large and soft. Sprayed it with full strength solution (15 volumes) of peroxide of hydrogen medicinal (Marchand's), at 60 pounds pressure, and dressed with iodol powder, and continued the same treatment every morning at 7 o'clock.

February 20, sprayed it as above; sore now only skin deep, and continued till February 23d; sore healed; duration of treatment twenty-five days.

Case 3.—Mr. L., aged 28 years, came to me, August 23, 1893, with a phagedenic chancre, thirty-five days' incubation, situated immediately at meatus urinarius, and sloughing its way very rapidly into the uretha; sprayed it with peroxide of hydrogen, full strength, 60 pounds press-

ure, and dressed with iodol powder. Continued the same treatment every evening at 7:30 o'clock.

August 30. Sore almost healed up, only some granulations left. Continued the same treatment every evening till September 4. Sprayed it to-day for the last time; there only being the surface of the sore about the size of a pin's head. Considered himself cured and said he would not come again. Duration of treatment, eleven days.

The above cases, selected from many recorded ones, on account of their possessing the worst features of the initial lesion, serve as good examples of the treatment by the peroxide of hydrogen method.

I treated Mr. K., of Case 1., on two different occasions, for the same disease, in exactly the same manner, and the two cases are about identical in regard to length of time of treatment and as to details, and he got well in about the same manner.

The case of Mr. L. presented the worst features of phagedena, which was so virulent that I think he would have lost the greater part of the glans penis, if he had been treated by the nitric acid or caustic method, and, as it was, the ulcer healed with a very small scar, scarcely noticeable.

The first effect of a spray (60 pounds) of peroxide upon the ulcer is to deposit upon it a thick film of albumen; this should be allowed to remain for about half a minute or less; then continue the spraying till a large tubefull has been used (one ounce); as the sore progresses the spraying causes a good flow of rich arterial blood upon it, which merely shows returning healthy conditions.

The treatment is entirely painless, and the patients do not experience any annoyance or inconvenience whatever while carrying the disease, and freely express themselves as well pleased with its effect.

No internal medication during this stage is given. The iodol powder is used only as an antiseptic, to protect the sore from external influences until it is sprayed again the next day, keeping the sore in as good a condition as it is left by the spraying, which must be done once every day until the ulcer is healed.

This method of the treatment of chancre has been, in my hands, the best and most successful of all methods that I have heretofore adopted.—W. P. Worster, M. D. in Journal of Cutaneous and Genito-Urinary Diseases.

THE

*CALIFORNIA*MEDICAL* JOURNAL.*

The Board of Examiners of the Eclectic Medical Society of California, will mee throughout the year regularly at 4 o'clock P. M. on the second Thursday of each month, at the office of Geo. G. Gere, M. D., Secretary, 412½ Post Street, San Francisco.

Miscellaneous.

Theory and Practice.

By La Femme.

NEW ANTIDOTE TO OPIUM AND ITS ALKALOIDS.—Recently Dr. William Moore, of 335 Boulevard, W., New York City, made known to the profession, one of the greatest discoveries of this century. It is an effectual antidote to poisoning by opium and its alkaloids, and is of itself harmless. permanganate of potassium. After satisfying himself of its value by experiments upon animals, Dr. Moore, took three grains of sulphate of morphine before a number of physicians at the West Side German Clinic. Soon after, he took a solution containing four grains of the potash. As a result not the slightest effect of the poison was felt. various experiments upon animals in different stages of morphine poisoning, the drug having been taken both by the mouth and hypodermically, the administration of the antidote, by hypodermic injection or otherwise, in doses of one and one-third grains, for each grain of morphine taken proved its full efficiency. The animals were in varying stages of torpor from the drug, but all recovered in from two to ten minutes. Doctor, remember this. Paste it in your scrap book, or turn down the leaf in your memory upon which it is written, so that you'll never forget it. It may help you save a life.—Medical Gleaner.

* *

A REMEDY FOR SNEEZING.—

R

Cocaine hydrochlorate gr. ii

Menthol- - - gr. iv

Boric acid - - gr. xxviii

M Sig. Snuff a little of the powder every two or three

* *

FORMULA FOR HYPERPLASIA OF THE UTERUS.

The following is from an experienced gynæcologist, and is recommended as being one of the best.

R

Boro-glyceride (50 per cent. sol. Merrill & Co.'s, - - - - 3ii
Alum - - - - - 3iii
Glycerine - - - - 3iv
Use on tampon.

* *

Apistaxis.—The method of Dr. Rougier is to paint the spot from which the hæmorrhage seems to come with:—

R

M

M. This preparation coagulates albumen instantaneously, and its use is not painful. The author also employs it after removal of adenoid tumors, tonsillotomy, etc.—La Med. Mod.

* *

Who will Succeed? Men and manners, not schools and societies, will win in these times of competition. Because one's Alma Mater is a prominent institutionon, e is not therefore sure of success. Appearance, manner and conversation will have more weight than a Latin diploma.

The latter in your office will only be read by a few of your patients, the former, however, will be read by the most illiterate, and will not fail to win the appreciation of the most refined.

Slouchy clothes, unkempt hair and beard, a breath like the south wind off a sauer kraut or whiskey barrel are not giltedge recommendations for a physician.

* *

Teacher—"What little boy can tell me where is the home of the swallow?"

Bobby—"I kin, please."

Teacher—"Well, Bobby?"

Bobby—"The home of the swallow is the stummick."

* *

ALCOHOLIC GASTRITIS-

R

Liquid Peptonoids with Creosote - Oj Sig. Half to one tablepoonful every three to four hours. ---Exchange.

* *

A Dangerous Disease.—"And what did the doctor say was really the matter with you?"

"Well, Miss, his very words was, 'You are suffering from guitar in the stomach, with a great want of tone.'"

**

Definition of a Baby.—A London paper offered a prize for the best definition of a baby. The last one of the following took the prize:

- "The morning caller, noonday crawler, and midnight brawler."
 - "The only precious possession that never excites envy."
- "The latest edition of humanity, of which every couple think they possess the finest copy."
 - "About two inches of coo and wiggle, writhe and scream,

filled with suction and testing apparatus for milk, and automatic alarm to regulate supply."

"A thing we are expected to kiss and look at as if we enjoyed it."

"A tiny feather from the wing of love, dropped into the sacred lap of motherhood."—Medical Brief

* *

ANTISEPTIC SPRAY.—

R

Hydrogen per oxide		-	-	_	Z ii
Glycerine	-	-			3i
Liquid Ascepsin -				122-3	3ii

M Sig. Use as a spray in consumption or any bronchial trouble.

Hospital Notes.

Oakiand Sanitarium.

For some years in the past, Eclectic physicians on this coast have felt the urgent need of a hospital conducted on Eclectic principles to which they could send their patients. This want is now largely met by the Oakland Sanitarium, a private Eclectic Institute of two and a half years' growth, under the able management of Dr. W. B. Church.

The Sanitarium is located at the corner of 16th and Jackson Sts. Equipped with a competent corp of nurses, and combining all the comforts of a home with the facilities of a hospital, it affords superior advantages to patients, and proves an efficient auxiliary to the Eclectic Profession. The number of patients that can be accommodated at one time is necessarily limited, and its capacity has been tested at times during the past two years to its fullest extent. Yet the Doctor sagely remarks, "There is usually room for one more." Physicians, this institution is worthy of your generous support!

The following is a brief account of an operation recently performed at the Sanitarium for Pyo-Salpinx—Laparo-Salpingotomy:—

History:—The patient, Mrs. A., age 45, husband diseased, gives a history of a life of invalidism as the result of an exceedingly offensive, purulent, constant discharge from the vagina which kept the whole tract very much exceriated. A vaginal hysterectomy had been performed about eight months previous but had not removed the difficulty. Pain and tenderness is experienced in the region of the ovaries. The diagnosis from these indications is Pyo-Salpinx, and Laparo-Salpingotomy called for.

Operation:—The patient. placed in the supine posture, is completely anæsthetized. An incision, midway between the umbilicus and the os pubis is made in the median line 12 cm. in length, large enough to admit the insertion of a The integument and fascia only are first incised. The recti muscles are crowded apart and the peritoneum seized by small forceps. A slight nick is then made which is enlarged by an upward cut of the scalpel, guided by the index finger. A retractor in the hand of an assistant dilates the opening. The left hand of the operator is now inserted and a digital examination made. Adhesions are broken up. The left ovary and tube are brought into the field of operation. The ovary is found atrophied, morbid; the tube, the seat of a partially healed suppuration. On examination of the right ovary and tube they are found free from disease. After clamping and ligating the arteries, both ovaries and tubes are removed. The incision is closed by interrupted sutures through the entire abdominal wall, the integument being finally united by fine superficial interrupted sutures. Powdered iodoform is then sprinkled on and a compress applied of several thicknesses of gauze held tightly in place by a binder so fastened as to prevent slipping.

Time, 45 min. Operator, Dr. Church. Assistants, Drs. Stone and Derrick.

Some difficulty was encountered during the operation owing partly to the previous hysterectomy which left nothing to guide the hand in its search for the ovaries, and partly to the great thickness of the abdominal parieties from an excessive deposit of fat which made the examination one of palpation more than inspection. The Doctor, however is a skillful operator and equal to any emergency.

No drainage was required as the hemorrhage had been slight and the cavity had not been soiled by pus or septic matter.

A hypodermic injection of morphine was given to allay pain when coming from under the influence of the anæsthetic, and the patient placed in bed.

LE SCALPEL

Medical Societies.

OAKLAND, CAL., March 27, 1894.

The Alameda County Eclectic Medical Association met in the rooms of the society, 1065 Washington St., with the President, Dr. W. B. Church in the Chair. The Secretary being absent Dr. Stetson was requested to act as Secretary for the evening.

Roll Call. Those present were Drs. Church, Derrick, Farrar, Fearn, Metcalf, Stetson, Turner, Van Kirk and Young.

Minutes of the previous meeting were read and approved. Dr. Fearn reported that the flattering outlook that had existed in Utah for Eclectics to regain their rights had been checked by the governor, and that things are now as bad if not worse than ever.

The Essayist, Dr. H. T. Webster, telephoned to the

secretary that it was impossible for him to be present and asked to be excused. The request was granted.

As there was no paper before the society the members reported and discussed many interesting cases.

Dr. Church was appointed the next essayist

OAKLAND, CAL., April 10, 1894.

The Alameda County Eclectic Medical Association met in the rooms of the society, 1065 Washington St., with the President, Dr. Church presiding.

Roll Call. Those present were Drs. Campbell, Church, Derrick, Farrar, Fearn, Metcalf, Stetson, Stone, Turner and Young.

Minutes of the previous meeting were read and approved. Dr. Fearn spoke of a letter from Dr. J. K. Scudder asking whether California would like the National next year. Dr. Stetson thought it would be well to extend them an invitation.

The Secretary was instructed to write the Secretary of the San Francisco Society that the Alameda Society is anxious to pay its debts. If the society has been invited to visit the San Francisco Society the invitation must have been mislaid, or if not already invited would be glad to accept on receiving such invitation.

Dr. Church then read a paper on Tuberculosis. The discussion which followed took the form mostly of questions which were answered by the essayist.

Dr. Turner reported a case of Tuberculosis of the larynx and asked for the treatment.

Dr. Church. Tuberculosis of the larynx is one of the forms of Tuberculosis amenable to treatment if taken early. The best local treatment is strong Nitric Acid on a probe, being careful to apply directly to the ulcerated surface and not to injure the surrounding tissues, or Nitrate of Silver also from 10 to 80 gr. to the ounce. Inhalations from pitch pine and the oil from pine needles are useful. General supporting treatment is also necessary and important.

Tuberculosis of the larynx is difficult to diagnose without the aid of the microscope. It is best to treat all cases of chronic Laryngitis as Tuberculosis.

Dr. Derrick. Are inhalations of Antiseptics beneficial? Dr. Church. Yes, undoubtedly so in the early stages, Carbolic Acid being one of the best.

Dr. Stetson reported a case of Tuberculosis in a baby which seemed to prove to him that Tuberculosis could be inherited.

Dr. Church was asked what the experience was surgically, of Tuberculosis of the joints; whether there was danger of general Tuberculosis infection taking place. Dr. Church thought not, and reported a case in evidence. The tubercle baccillus of bones seems to be different from that of general Tuberculosis.

Dr. Derrick was appointed essayist for the next regular meeting—subject. The Use of Forceps in Obstetrics.

Dr. Young was also appointed to read a paper on Hereditary.

Meeting adjourned.

DR. L. STONE, Secretary.

Alcohoiic Excess.

N. H. Pierce, M. D., 43 Pontiac Street, Ann Arbor, Mich., says: I have used Celehina as indicated, and am much pleased with the result. I prescribed it in a case of extreme nervous debility, bordering on tremens, through alcoholic excess, and it not only quieted the nervous excitement, but seems to have acted as an antidote to alcoholism, so that the patient, a young man, son of a widow, whose chief fault seems to have been a periodical craving for drink, has remained sober and industrious for many weeks. He was seldom sober more than a week at a time previous to this. I consider it one of the most valuable of medicines also for dyspepsia, headache, dysmenorrhæa, hysteria, etc.

Gollege Notes.

Cupid evidently is working sad havor among the hearts of our learned, young doctors both male and female, and the silvery chimes of wedding bells are softly echoing the mischief.

On Tuesday, May 1st, at one o'clock, P. M., Miss E. M. Gamer, one of San Jose's most estimable young ladies, and Dr. B. H. Foreman, a graduate of '93, California Medical College, will be united in marriage at the residence of the bride's parents, San Jose.

We wish the happy groom and charming bride a pathway of roses.

Miss M. L. Edwards, class of '95, quite unexpectedly left a few weeks ago for her home in Iowa. Dame Rumor reports a wedding on the tapis. We earnestly hope the happy couple will make a tour of California, that we may extend our hands as we have our hearts in sincere congratulation.

It is whispered that ere long another couple of our students contemplate a matrimonial venture—At least we know that a certain young lady (and she's such a nice girl, too) is anxiously looking forward to the regular term when a certain "somebody" will return to carry her books for her. There! dear, I'll not say another word until the invitations are out.

Why has Dr. Piersol that loving-far-away-over-in-Oakland look in his eyes of late? Shall I soon have the pleasure of reporting another wedding? Well, it is far more agreeable than writing objutaries or chronicling accidents, albeit there are those who do say—but we'll let that pass.

A charming event was the "Luncheon" tendered the Senior Class by Drs. Clifford, Purvis and Childs. The occasion was arranged as a "Farewell", previous to the May vacation, and will long be pleasantly remembered by those

who were present. The delicate menu was served in the most tempting style, after which the following interesting programme was rendered:—

Vocal solo, - - "The Seniors' farewell."

J. Purvis.

Select reading, "Students of California Med. College."
G. Henrikson.

Cornet duo., - - "A printed page of Time."

H. Pastor and J. Ball.

Irish and Dutch Specialties, - - Selected.

Edward Lake.

Recitation, - - "Eclectism I bow to thee."

By an Allopath.

Song, "We shall meet again." By the class.

The students fully appreciate the coming vacation, the first week of May, the prettiest month of the season; and amidst the golden California poppies and blue-eyed daisies that rest their tiny heads upon Earth's satiny mantel of green, they will cast care to the winds for one whole week and let merriment reign supreme.

"Free for the day! I scarce need tell the rest. An aimless youth again, and Nature's guest."

LANCET.

Among our exchanges this month we notice a new arrival The Refractionist. Its pages are as its title indicates, an exponent of the Refraction world. It is a practical journal of Ophthalmology and will undoubtedly meet with the favor not only of the specialist, but of the medical profession at large.

Our Sentiments.

Senseless and Wicked Legislation—We understand that an attempt is to be made to increase the already excessive tax upon alcohol. Legislation of this character is both senseless and wicked. We protest against it as Democrats and humanitarians.

The Democratic party was elected by the people in the hope of a decrease in the severe burdens they have so long borne. Alcohol is a prime necessity. Not whiskey or brandy or wine or beer but alcohol. Enormous quantities are used in the manufacture of medicines, and an increase in taxation means a necessary increase in their price to the suffering poor. Sick people, however poor, must have medicine, but can ill afford any additional increase in cost.

Druggists and physicians who dispense their own medicines will also be seriously affected.

Then, too, the excessive tax upon alcohol exerts a paralytic influence upon home industry. Compels us to import millions of dollars worth of drugs and chemicals that were better made at home.

In the name of patriotism, of humanity, of compassion for the sick and suffering of our land, we protest against such outrageous legislation by men who have not considered and do not understand the practical working of such statutes.

We call upon the medical profession, individually and collectively, to use all possible influence to defeat the bill for an increased tax on alcohol.—Medical Brief, April, 1894.

New Remedies

Antikamnia.—T. D. Finck, M. D., Kentucky School of Medicine, Louisville, says: "I am convinced there is no remedy so useful and attended with such satisfactory results in the treatment of melancholia with vasomotor disturbances, anemic headaches, emotional distress and active delusions of apprehension and distrust, as antikamnia. It also increases the appetite and arterial tension, as well as being particularly serviceable in relieving the persistent headache which accompanies nervous asthenia.

As an antiseptic and antipyretic and antiperiodic, it is good, nothing better. It is especially beneficial in spasmodic asthenia, in hay fever, in whooping cough, in headaches, particularly of the nervous variety, also that from disorders of the digestive organs, or from the various neuroses.

In mild hysteroid affections, in the various neuralgias, particularly ovarian, in the nervous tremor so often seen in confirmed drunkards, also in delirium tremens, it is of particular service.

The pain of locomotor ataxia yields to treatment with antikamnia in a remarkable degree, its analgesic power being of a peculiar kind, in that it will relieve painful affections due to pathological conditions of the peripheral nerves, as neuritis, etc.; also lumbago, sciatica and myalgia.

When pain is the prominent symptom, it is a desideratum, as its province is relief of pain in any and every form. And best of all, there is no danger of morphinism, no nausea nor malaise so common with opium and its preparations."—Cincinnati Lancet Clinic.

PHENACETINE A SAFE AND EFFICIENT ANTIPYRETIC.—In a careful study of the coal tar derivatives Dr. Walton (Medical Observer) presents the following general estimate of Phenacetine. "It is a popular remedy in migraine and all

forms of headache. As an anodyne we have always obtained the best results from it in maximum dose; and have found less than five-grain doses in adults unsatisfactory. It is sometimes adulterated with acetanilide which latter agent no doubt is responsible for what few untoward results have occured from its use. Phenacetine is a useful substitute for antipyrine and acetanilide, especially in diseases of children. It has a similar field of application and is most generally used as an antipyretic and analgesic. It has been found of value in restraining delirium and inducing sleep, especially when due to alcoholic excesses. As may be inferred from its anodyne and antipyretic properties, Phenacetine is an efficient agent in rheumatism and neuralgia, especially when combined with salol. It acts well in colds and influenza, and incipient malaria with general malaise and pains in the limbs and joints," The following is Dr. Walton's favorite formula: R. Phenacetine 1 drachm. pulv. Doveri. gr. XII. quinine sulph. gr. XXIV. Ft. capsul no. XII. Sig. one every three or four hours. This favorable verdict of the safety and efficiency of Phenacetine contained in the above quotation is shared by the majority of practitioners, who have made conscientious trial of the remedy.

Papine.—J. A. Cullom, M. D., Crandall, Texas, says: I have used Papine, and am highly pleased with the results. I have several patients, subject to severe attacks of neuralgia and migrain, who cannot use morphia or opium on account of their distressing after effects, such as extreme nausea or prostration following. I find a combination of Papine and Bromidia, equal parts, given in teaspoonful doses, to act like a charm in those cases of hysteria which call for an opiate, in combination with the Bromides. Bromidia alone, is the ideal hypnotic, and I get grand results from it in all cases of nervous irritability and hystero-epilepsy. It is my

sheet anchor in all cases of convulsions, depending on or caused by irritability of the nervous system.

Bromidia.—Dr. Oranzio Satariano, Barrafranca, Italy, says: Although opposed to the use of pharmaceutical specialties, I was struck with the formula of Bromidia (Battle), and knowing the action of its ingredients could not bring myself to believe in its possessing greater therapeutic power than its component parts. However, I determined to try it in a severe case of mammary neuralgia, which had proven refractory to an infinitude of other remedies. The result was brilliant, and far beyond my expectations. I then made experiments with a preparation made according to the formula of Bromidia, by an experienced pharmacist, but whether due to the greater purity of drugs used, or special mode of combining, the results were not to be compared with those of Bromidia (Battle).

Constipation is a prominent feature in many complaints. The Elixir Six Aperiens, made by the Walker-Green Pharmaceutical Co., of Kansas City, Mo., is a most convenient combination to prescribe.

Bureau of Information.

The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good ocations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary

Any advertised location in this Journal that has been filled, please notify the secretary, that its publication may be withdrawn

The following locations have been sent in for publication:

COTTONWOOD, SHASTA CO.—It has been reported to this "Bureau" that there is an excellent opening for an Eclectic at the above town.

KNIGHTS FERRY—Twelve miles from Oakdale. No Eclectic in place. Good opening.

SAN FRANCISCO—Two thousand dollars will buy books and instruments worth \$1,000, furniture worth \$1,500, and the good-will of a good paying practice in the city of an Francisco. Office rent free. Reason for selling, ill health. Address, "Doctor," California Journal Co., 1420 Folsom st., San Francisco.

Wanted—By a middle aged, married Physician and Surgeon a partnership in a well established practice, or would buy the whole. Must bear investigation. Address, with full particulars and lowest terms, "Surgeon," care of California Medical Journal Office, San Francisco.

FOR SALE, or rent; my home and horse. Only physician and druggist in town. Nearest doctor fifteen miles away. Good R. R. prospects. Will sell everything. Good place for the right man with some money. Address "Physician and Druggist." Bieber Lassen Co. Cal.

BEST LOCATION in the state for a physician with some money. For particulars enquire of Calif. Drug Co. 1420 Folsom St. S.F.

WANTED—Good location for Eclectic Physician on Pacific slope. Have old established pharmacy for sale in Chicago near business center.

R. M. Carr,
1412 Wabash Ave. Chicago.

Wanted—A position as substitute, or assistant to a busy general practitioner, or eye and ear specialist. Would accept position in a drug store. Good references. Address: National Medical Exchange, Eckhardt, Indiana.

Also two good locations in the country for active workers.
All letters addressed to the secretary of the "Bureau of Information of Locations" will be answered promptly

J. C. FARMER, M. D., Sec'y, 921 Larkin St. San Francisco.

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Each tablet represents—
Listol 3 gr. Ex. Belladonna . ½ gr.
Acid Boracic . $1\frac{1}{2}$ " Ex. Helonias . $\frac{1}{4}$ "
Listol3 gr.Ex. Belladonna $\frac{1}{8}$ gr.Acid Boracic $\frac{1}{2}$ "Ex. Helonias $\frac{1}{4}$ "Acid Tannic1 "Ex. Hyoscyamus $\frac{3}{4}$ "
Listol3 gr.Ex. Belladonna $\frac{1}{8}$ gr.Acid Boracic $1\frac{1}{2}$ "Ex. Helonias $\frac{1}{4}$ "Acid Tannic1 "Ex. Hyoscyamus $\frac{3}{4}$ "Acid Salicylic $\frac{1}{2}$ "Ex. Opium $\frac{1}{4}$ "
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LOTSIL LA GRIPPE TABLETS—
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D. WACLEAN, M. D.,

M. E. VAN METER, M. D.,

C. N. MILLER, M. D.,

EDITORS.

Terms: \$1.50 per annum, In Aavance.

The Editors disclaim any responsibility for the statements or opinions of contributors.

Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible, Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the CALIFORNIA MEDICAL JOURNAL, 1422 Folsom Street, San Francisco, Cali ornia.

Editorial.

Our Journal.

Our Journal is in its fifteenth year of publication. It must almost of necessity happen, after a periodical has been running so long, and managed at all times with a policy of accommodation and special reference to the convenience of its patrons, that many subscribers will be found on its books who are considerably in arrears.

This is the condition of affairs in the subscription department of Our Journal. Several hundred names are on our

oooks, of physicians who have failed to settle up for from one to three years. We have now reached a stage of development when this should be corrected. The present management would like to see Our Journal run upon a cash basis.

The demand of the times is for knowledge, practical results, continued advancement. Mediocrity is no longer tolerated. Leople have been educated to expect bright, keen, carefully-considered, and clearly-stated thoughts from earnest, scholarly, philanthropic men and women.

A journal that meets the demands of the physicians of to-day, must spend fifty dollars where twenty years ago, but one would have sufficed.

We are not complaining of these exactions. On the contrary, we delight in progress, in the whirl and turmoil of competition and of the struggle that wins success. But we think it criminally careless, if nothing worse, that our physicians should expect us to make bricks without straw. Back us up friends. We want a snowstorm of letters like the following:—

WATSONVILLE, CAL., April 16, 1894.

EDITORS, CALIFORNIA MEDICAL JOURNAL,

SAN FRANCISCO, CAL.

DEAR SIRS:-

Enclosed I hand you subscription for Calffornia Medical Journal for 1893 and 1894 (\$3.00), for which please acknowledge receipt. I congratulate you on the notable improvement of the Journal.

Yours very truly.

A. W. Bixby, M. D.

California Medical College.

The College opens on the 7th day of the present month. Judging from the attendance during the intermediate term, and the numerous inquiries from those contemplating the

study of Medicine, the year will be a prosperous one in the history of the College.

Hard times may influence attendance, but the spirit of the age draws the thinker to the fold of Eclecticism. These are times when men will not endure to be cramped in their opinions. Freedom is abroad in the land. The age of superstition and despotic rule is disappearing—the age of reason is prevailing. What grandfathers or fathers believed, will not do. Thoughts, principles and theories must be placed on the scales of truth, and balanced with science and reason.

To investigate Eclecticism in Medicine is to believe in its principles. Its adherents and disciples need to go out into the high-ways and by-ways and proclaim its gospel. The light must be spread until it shall illuminate the dark places of medical bigotry.

Next year the College will enter upon a four year's course.

Applicants for admission, if not graduates of High
Schools or Universities must have a teachers' certificate from a
Board of Education in the state in which the applicant resides.

This will insure a good standard of education and place the

school on a plane above reproach. A good education is necessary to comprehend medicine, and we desire only such as are educated.

Send us good students and we will make the best physicians.

MAC.

State Society.

The State Society meets at the College Hall on the 12th and 13th of June. A large attendance is expected. It is a time of year when business is quiet and a pilgrimage can be made to San Francisco easier than at any other time of year. Doctors need recreation and rest, as well as change of scenes and diversion of mind from the constant daily routine of medical practice.

Eclectic physicians throughout the State and every section of the coast should meet in council to consult on a plan of campaign for the medical legislation contest which is forced on us bi-annually by State Legislatures. It is a matter which concerns all alike, and in which all should show equal interest. Lack of unity has been our great drawback, apathy and luke-warmness our source of weakness. Did we take the proper interest in these matters our position would be different.

Heretofore we have been on the defensive. The time has come when we must be more aggressive and force the fight. The State Society should take the initiative, and we should have representation from every part of the State at our June meeting.

We appeal to every Eclectic physician in the State to come. We urge the necessity of being present in order that a full expression of opinion may be had. You owe a duty to your school which only the most urgent necessity should cause you to neglect.

The Mid-winter Fair is worth the time and expense of a visit to San Francisco. Fair and State Society matters can be attended to at the same time. Make a new resolution. Awake to the importance of your attendance, and make arrangements to make your presence manifest on the 12th and 13th of June.

The Muscle Dancers.

The muscle-dancers at our fair have caused much comment and unjust criticism.

Having witnessed their dancing, from a seat in the auditorium, we became much interested in just how the thing was done; so after much parleying with the managers, we got permission to take one of the girls in to a side-room and watch the movement of the various muscle.

We could see nothing that was indecent or even immodest in their performance.

The pectoral, abdominal and gluteal muscles seem to have the freest motion and to be the ones mostly used, though all the muscles of the body except those of the arms and legs, seemed to be subject to the will. The girl we examined was able to shake either mamma alone, or the two together. She could raise and lower the abdomen violently, in a churning manner, and could shake any part of the body after the manner of a horse when trying to rid himself of an annoying fly.

The girls are well developed but the flesh seems somewhat loosely attached to the frame-work and they have a peculiar loose and swaggering gait, which one of the proprietors told us is peculiar to those who are, as he said, born muscle-dancers.

We could get but little satisfaction, by inquiry, as to what course of training is necessary to develop this peculiar power over the muscles. One of the men told us that any one could learn it, and that the girls were taken when quite young and trained for this special and peculiar feature of the stage. Another of the managers said that it could never be learned, and that none except those who were born-dancers could ever accomplish it.

To prove that the motions were not a swaying of the body, one of the girls balanced a bottle upon her head and then convulsed all the different muscles of the trunk. She also held short swords by their handles with the points against her closed eyes, and performed the same muscular movements, showing conclusively that the movements are purely the contraction of each individual muscle, and we look upon the feat as being simply the ability to concentrate the will-power upon a special muscle or set of muscles. We occasionally see a person who can move the ears or the scalp. We are all alike, anatomically, yet we can not all move our ears. Again, some men have the power to

completely retract the testicles, and have taken advantage of that power to avoid serving in the army; but all men can not do this. Thus it seems that all that is necessary to contract any special muscle, is to be able to exercise the will-power upon that muscle.

This we think is all there is in the muscle dance; but how they gain this control of the muscular system is beyond our ken.

Death by Hanging.

On Friday, April 20th, we witnessed the execution of wife-murderer Sullivan. in the State Prison at Sanquinten. We took the 9-20 boat from the City and after a ride across the Bay, took the train for a few miles, and got off at Greenbræ Station, where several stages were in waiting to carry the passengers up to the prison grounds, about a mile distant.

The execution being set for 11 o'clock we had not long to wait, but were cordially received by Dr. Mansfield the prison surgeon, and a wholesouled, all around man and a good Eclectic. We were ushered into the waiting room where we found our Prof. Cornwall and several other physicians waiting, having come over on a preceding boat. Dr. Mansfield soon invited all in to his labratory to take a "bracer" before going to the execution room. Every one present, except ourself, seemed glad to take a nervine, and readily accepted the doctor's kind invitation. We do not wish it understood that we claim to have any more nerve than the rest of the crowd, but we simply do not indulge.

We were soon escorted, by a guard, to the execution room, which is in an old disused factory, and had scarcely gotten into the room, when the prisoner, accompanied by two priests and several prison officials, entered the room through a side door, opening immediately at the foot of the stairs leading upon the scaffold, and up which the party at once ascended.

After a few rambling remarks by the prisoner, the black cap was drawn over his head, and he kissed a crucifix held to him by one of the priests, saying, "good bye all," and stepped upon the trap; and just as he was saying, "what in h— have you got the rope so tight for," the drop fell.

Dr. Mansfield, who had previously given us permission to note the pulse, signalled us to do so.

The pulse ran up to 140 the first minute, the second, third and fourth minutes it ran 136. It then began a gradual decline till it reached 30 at the end of the 8th minute, when it could no longer be felt, at the wrist. There was not a movement of a muscle, except, at about the time the radial pulse ceased, there was a twitching of the right thumb. Death was as nearly instantaneous as it could be, except when killed by lightning. The heart could be heard for about two minutes longer. At no time did the pulse become decrotic, but was as even and regular as in life, and we are sure that a blind-folded person could not have told that it was the pulse of a dying man with his neck broken and no possible respiration.

The victim was a big, burly man weighing at least 200 lbs.

It has long been noted that stretching the spinal cord of a man causes a seminal emission, and it did so in this case.

We tender our thanks to both Dr. Mansfield and Warden Hale for their kind interest and courteous treatment. If all our public officials were composed of such gentlemen it would be a pleasure indeed to visit our public institutions.

It was quite interesting to note the effect on the spectators, while the victim was making his speech and being pinioned. One or two left the room, whether they were doctors or reporters we do not know. Another afterward remarked that he was worse frightened than Sullivan was.

National Conference of State Medical Examining and Licensing Boards.

A meeting of the above Conference is to take place in San Francisco in June.

A circular has been sent by the Secretary to all State Boards, containing numerous questions or their consideration.

The following list of queries is perhaps of the greatest importance so far as Eclectics are concerned, and the Journal will be pleased to hear from our physicians their opinions in regard to any or all of them:—

Do you favor the plan of mixed Boards?

How many members should constitute a State Board, and what is the desirable appointing power?

Should Teachers in Medical Schools be eligible to membership on State Examining Boards?

Does your Board look with favor upon the idea of interchange of Certificates between State Boards?

What, in your opinion, as to the leading defects in your Law, and in the Laws of the various States?

What should constitute a "College in good Standing" with reference to number of years of study required and curriculum, for the purposes of registration?

Reunion-

The California State Eclectic Medical Association will meet in San Francisco, at the College Hall, on the thirteenth of next June.

In the evening of that day a Grand Reception will be tendered by the College Faculty and the Alumni Association to all members of the State Association and their friends.

There will be plenty to eat and drink, good music, an informal programe of songs, recitations and short speeches and a possible "wind up" with a little waltzing or the Virginia Reel, anyhow there will be a jolly time, without money and without price. Don't forget the engagement.

BOOK NOTES.

GRAY'S ANATOMY, New (Thirteenth) Edition. Just Ready. In Colors or in Black. Anatomy, Descriptive and Surgical. By Henry Gray, F. R. S., Lecturer on Anatomy at St. George's Hospital, London. Edited by T. Pickering Pick, F. R. C. S., Surgeon to and Lecturer on Anatomy at St. George's Hospital, London, Examiner in Anatomy, Royal College of Surgeons of England. A new American from the Thirteenth Enlarged and Improved London Edition. In one octavo volume of 1118 pages, with 635 large and elaborate engravings on wood. Price of edition with illustrations in colors (see below): Cloth, \$7.00; leather, \$8.00. Price of edition with illustrations in black: Cloth, \$6.00; leather, \$7.00.

Since 1857 Gray's Anatomy has been the standard work used by students of medicine and practitioners in all English-speaking races. So preeminent has it been among the many works on the subject that thirteen editions have been required to meet the demand. This opportunity for frequent revisions has been fully utilized and the work has thus been subjected to the careful scrutiny of many of the most distinguished anatomists of a generation, and thus a degree of completeness and accuracy has been secured which is not attainable in any other way. In no former revision has so much care been exercised as in the present to provide for the student all the assistance that a text-book can furnish.

The engravings have always formed a distinguishing feature of the work, and in the present edition the series has been enriched and rendered complete by the edition of many new ones. The large scale on which the illustrations are drawn and the clearness of the execution render them of unequalled value in affording a grasp of the complex details of the subject. As heretofore the name of each part is printed in the engraving, thus conveying to the eye at once the position, extent and relations of each organ, vessel,

muscle, bone or nerve with a clearness impossible when figures on lines of reference are employed. Distinctive colors have been used to give additional prominence to the attachments of muscles, and to the veins, arteries and nerves. For the sake of those who prefer not to pay the slight increase in cost necessitated by the use of colors the volume is published also in black alone.

The illustrations thus constitute a complete and splendid series, which will greatly assist the student in forming a clear idea of Anatomy, and will also serve to refresh the memory of those who may find in the exigencies of practice the necessity of recalling the details of the dissecting-room. Combining, as it does, a complete Atlas of Anatomy, with a thorough treatise on systematic, descriptive and applied Anatomy, the work will be found of great service to all physicians who receive students in their offices, relieving both preceptor and pupil of much labor in laying the groundwork of a thorough medical education.

As this work covers a more extended range of subjects than is customary in the ordinary text-books, giving not only the details necessary for the student, but also the application of those details to the practice of medicine and surgery, it furnishes both a guide for the learner and an admirable work of reference for the active practitioner.—

Lea Brothers & Co., Publishers, 706, 708 & 710 Sansome Street, Philadelphia. Can be furnished by the Cal. Med. Journal at above prices.

THE INTERNATIONAL MEDICAL ANNUAL. 1894. The conjoint authorship of thirty-nine distinguished American, British and Continental Authorities. Twelfth Year, 800, Morocco Cloth, about 600 pages. Illustrated. Price, \$2.75; Post free. E. B. Treat, Publisher, New York: No. 5 Cooper Union.

The "Medical Annual," in its twelfth yearly issue, brings before the Practitioner in the best form for rapid reference, every advance made in Medical Knowledge, in about 6,000

references to Diseases and their Remedies. It contains a complete report of the progress of Medical Science in all parts of the World—a large number of Original Articles and Reviews from the pens of American and European authors on the subjects with which their names are especially associated—and many prescriptions and hints connected with the modern Medical and Surgical treatment of Disease. In short, the design of the book is, while not neglecting the Specialist, to bring the General Practitioner into direct communication with those who are advancing the Science of Medicine, no matter in what direction, so that he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. An examination of the list of Chief Contributors to the forthcoming volume shows how thoroughly representative the "Annual" is of the best views of all Schools and Countries. It is as the publishers claim "better than ever."

CLINICAL DIAGNOSIS by Albert Abrams, M. D., Professor of Pathology, Cooper Medical College, San Francisco, Cal.; author of "A Synopsis of Morbid Renal Secretions" etc. Third edition, revised and enlarged. Illustrated. Price \$2.75. E. B. Treat, Publisher, New York; 5 Cooper Union.

This, the third edition of Clinical Diagnosis, contains additional synoptic tables, a chapter on insanity, and a summary of recent methods of diagnosis. The manual is a prize to medical students.

A MANUAL OF THERAPEUTICS. By A. A. Stevens, A. M., M. D. Published by W. B. Saunders, 925 Walnut St., Philadelphia. Price, \$2.25

This useful book of over 400 pages, is quite an improvement in the line of old-school therapeutics. The book is handy in size, and is a more methodical arrangement, less mixing of statements, than we usually find in books coming from this source, which we deem to be a great advantage.

and scattered through its pages are many valuable hints which the progressive physician will note with pleasure. On page 47 however the printer has made a bad break in copying a prescription in which Sulphate of Strychnia figures, he makes the dose of that drug 1 grain after meals. In its line it is the best small book we have seen from this source.

FEARN.

THOMAS' MEDICAL DICTIONARY. A complete pronouncing Medical Dictionary; embracing the terminology of medicine and kindred sciences with their signification, etymology and pronunciation, with an appendix, comprising an explanation of the Latin terms and phrases occurring in medicine, anatomy, pharmacy, etc.; together with the necessary directions for writing Latin Prescriptions, etc., etc.; By Joseph Thomas, M. D., L. L. D., Author of the system of pronounciation in Lippincott's "Pronouncing Gazetteer of the World," and "Pronouncing Dictionary of Biography and Mythology. Publishers, J. B. Lippincott Company, Philadelphia. This is a book adapted especially to the wants of the

Medical Student. It contains many pleasing features which add materially to its value as a reference work. A great deal of attention is given to the etymology of words. Such phrases as, Flexor Longus Digitorum Pedis, and Extensor Digitorum Communis, etc., are translated literally. These features enable one commencing the study of Medical Science to better grasp and retain the subject matter by

rendering intelligible and nomenclature.

The appendix is a valuable addition of useful knowledge. It contains the elements of the Latin tongue, adapted especially to the wants of the Medical Student. The mode of writing prescriptions in Latin and the terms and phrases commonly met with, are valuable features. Other welcome additions are the various tables:—Dose; chemical symbols; orders and families of the living mammalia; the metric system, etc. We take pleasure in recommending to our readers this dictionary, feeling confident that it will prove of much value to them—[Orders may be sent to the Journal Office.]

ASEPSIN SOAP



MEDICINAL USES OF ASEPSIN SOAP

FOR THE SAIL.—The increase is qualified of Asepsin and Berste of Endire make this constraints sirable for the proservation of the Jerman tissues, and to relabele and preventioned. It is valuable for roughness of the skin, and, comedones, milium, the chest, and is skin, for softening and preventing roughness and chapping of the hands. It can be also useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacæ, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scables, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleaning the patient as well as the operator's hands, sponges and instruments. For its cleaning and antiseptic effects it may be employed in wounds of all kinds, chilbland, had sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a not wash.

IN GYNÆCOLOGY.—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to provide and inflammatory conditions. Leucorrhoea, simple vaginitis and sulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the evanthemata it should be employed to hasten desquemation therby shortening the period of contagioushoss and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritusant, and had a ready tried with scarcely even temporary relief, all—r nearly all—the standard remedies for this well-known aliment. I was well night or used with the in old additioning, pricking, sticking, gnawing biting, burning prin. I had been nearly sleed and restain nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere suicile would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost in medicate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartly now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan

ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 certs. It order to introduce it, on receipt of 40 cents in/postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously perchased it. Send for a quarter dozen, and you will never employ critecommend at we other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

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the intelligent use of Lactopeptine.

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